

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046483

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3562

FILED DEC 16 1963

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Richmond Heights, Mo.</u>  |   | c. CITY OR TOWN <u>Riverview Gardens</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Marys' Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>10017 McCartney Lane</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>Margeret Marquart</u>   |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>19</u> Year <u>1963</u>  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>2/2/1876</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Germany</u>                          |
| 13a. FATHER'S NAME<br><u>Unknown Siebert</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Fred Marquart, dec'd</u>                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>N-1</u>   | 17. INFORMANT<br><u>Bernard Marquart, 10017 McCartney Lane</u>                        |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 years</u>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   | DUE TO (b) _____<br>DUE TO (c) _____  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis obliterans left lower extremity</u> |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____                              |
| 21. I attended the deceased from _____ 1958 to _____ 11/19/63 and last saw her alive on _____ 11/19/63   |   | Death occurred at _____ 8: A.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title)<br><u>John M. McCartney MD</u>  |   | 22b. ADDRESS<br><u>4161 Lindell Blvd., St. Louis 8,</u>   | 22c. DATE SIGNED<br><u>11/19/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>11/22/63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri.</u>          |
| 24. FUNERAL DIRECTOR<br><u>Diedrich Funeral Home, 8319 Halls Ferry Road</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-20-63</u>   | 26. REGISTRAR'S SIGNATURE<br><u>John B. Murphy MD</u>                                 |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

If this body is not embalmed, fact should be so stated above.